

**Transition Requirements
for
Targeted Case Management Services
for
Individuals with Developmental Disabilities**

Provider Status	Required Provider Action	Required LME Action
<p>Existing providers of Targeted Case Management Services for Individuals with Developmental Disabilities.</p>	<p>The provider sends the original signed TCM Letter of Attestation to the LME where the provider's corporate office is located and a copy to all LME(s) where the provider has a signed MOA and/or contract;</p> <p style="text-align: center;">AND</p> <p>The provider agency will submit the signed TCM Letter of Attestation, the NEA letter and a completed Medicaid Provider Enrollment Application to obtain a Medicaid provider billing number. (http://www.nctracks.nc.gov/provider/providerEnrollment/)</p> <p>Upon receipt of the provider number, the case management provider will submit a Provider Change Request form found on the link below to Value Options requesting a change from the LME to the direct enrolled provider. Value Options will update the current authorization to include the agency's provider number. http://www.valueoptions.com/providers/Network/NC_Medicaid/Provider_Change_Request_Form.xls</p> <p>LMEs will have the ability to continue to bill on behalf of providers until December 31, 2010 to enable adequate time for providers to attain notification of direct enrollment. Existing providers must complete the process to request direct enroll by June 30, 2010. Provider of TCM services will receive one provider number for TCM services.</p>	<p>Upon receipt of the original signed TCM Letter of Attestation, the LME where the provider's corporate office is located will complete the NEA letter and send to the provider agency.</p> <p>The LME (where the provider's corporate office is located) will monitor compliance to the Medicaid State Plan Amendment for Targeted Case Management Services for Individuals with Developmental Disabilities based on the established monitoring and oversight protocol as defined in the Guide to Standardized Administration Frequency and Extent of Monitoring Tool or Local Management Entities of the DMH/DD/SAS and the Provider Monitoring.</p> <p>The LME is required to maintain all documentation related to this process.</p>
<p>New providers of Targeted Case Management Services for Individuals with Developmental Disabilities.</p>	<p>Complete endorsement and enrollment per the DHHS <i>Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services</i> DHHS policy.</p> <p>LMEs will not begin accepting endorsement requests from TCM providers until May 1, 2010.</p>	<p>LME(s) complete endorsement of providers per the DHHS <i>Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services</i>.</p> <p>LMEs will not begin accepting endorsement requests from TCM providers until May 1, 2010.</p> <p>The LME is required to maintain all documentation related to this process.</p>